



Human Services Department – Paratransit Program
3300 Capitol Avenue, P.O. Box 5006
Fremont, CA 94537-5006
510 574-2053 phone / 510-574-2054 fax
www.fremont.gov

Dear Paratransit Rider:

This letter is to announce a new program to assist Fremont resident who are low-income and use Fremont Paratransit. The City of Fremont has a small fund available to provide 4 free one-way trips (up to 10 miles) per month to eligible low-income Fremont Paratransit riders. The fund is limited and free trips will only be available as funds permit.

If you receive any of the following forms of income support, you are eligible for the Fremont Paratransit Fare Assistance Program:

- **Supplemental Security Income (SSI)**
- **Medi-Cal**
- **Temporary Aid to Needy Families (TANF) from Alameda County**
- **General Assistance (GA)**

Please note: Simply receiving Social Security, Social Security Disability Insurance (SSDI) or Medi-Care does not qualify you for this program.

To apply for the Paratransit Fare Assistance Program, please fill out the attached application and mail it back to the City of Fremont Paratransit Program. **Be sure to include a copy of the appropriate certification form as proof of eligibility.** You will be asked to re-certify every year.

To receive a “benefit verification letter” from the Social Security Office regarding your SSI eligibility, please call 1-800-772-1213. To receive a letter from the Alameda County Social Services Agency regarding your Medi-Cal or General Assistance eligibility, please call at (510) 670-6000. You may also submit a copy of your Medi-Cal card or a recent check from SSI, TANF, or General Assistance as verification.

Please mail your application to:
City of Fremont Paratransit Program
3300 Capitol Avenue
Fremont, CA 94537-5006

Thank You,

Shawn Fong,
Paratransit Program Manager



Paratransit Fare Assistance Program Application Form

Please note: You must be a registered rider with the City of Fremont Paratransit Program in order to be eligible for the Fare Assistance Program.

Name: _____

Address: _____

Phone: _____

As proof of eligibility for the Paratransit Fare Assistance Program, I have enclosed **one** of the following:

_____ A copy of a letter from Social Security indicating eligibility for Supplemental Security Income (SSI).
(Letter must be dated within the last two months.)

_____ A copy of a letter from Medi-Cal, indicating that I receive Medi-Cal.
(Letter must be dated within the last two months.)

_____ A copy of a currently valid Medi-Cal card.

_____ A recent letter from Alameda County Department of Social Services stating that I am receiving Temporary Aid to Needy Families (TANF)
(Letter must be dated within the last two months.)

_____ A recent letter from Alameda County Department of Social Services stating that I am receiving General Assistance.
(Letter must be dated within the last two months.)

_____ A copy of a TANF check, GA check or an SSI check.
(The check must be dated within the last two months.)

I certify that all the information contained in this application is true and accurate to the best of my knowledge. I hereby authorize the Social Security Office and the Alameda County Department of Social Services to release information to the City of Fremont Paratransit Program to verify my eligibility for this program. I further certify that I will inform the City of Fremont Paratransit Program and the appropriate service agency of changes in my income which may affect my eligibility for SSI, TANF, Medi-Cal or General Assistance. I understand that this information will be kept confidential and only the information required to provide the services I request will be disclosed to those who perform the services. I also understand that I must re-certify every year.

Signed

Date